

SECRET

3 Apr 73

NAME OF EMPLOYEE (Last)		(First)		(Middle)		SOCIAL SECURITY NUMBER	
GIORDANO,		Mario		K.			
1. MARITAL STATUS (Check one)							
<input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED		<input checked="" type="checkbox"/> SEPARATED		<input type="checkbox"/> DIVORCED	
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> ANNULLED					
IF MARRIED, PLACE OF MARRIAGE						DATE OF MARRIAGE	
Narva, Estonia						27 Oct 1928	
IF DIVORCED, PLACE OF DIVORCE DECREE						DATE OF DECREE	
2. MEMBERS OF FAMILY							
NAME OF SPOUSE		ADDRESS (No., Street, City, State, Zip Code)				TELEPHONE NO.	
Salme (EPLER maiden name)		4605 90 Str., Elmhurst, N.Y.				212-592-2793	
NAMES OF CHILDREN		ADDRESS				SEX DATE OF BIRTH	
Jaan		917 Etna Dr., Beachwood, Newport News, Va. 23602 Tel: 877-5269				M. 23 Jan 31	
Rein		4605 90 St., Elmhurst, N.Y. 11373				M. 4 May 39	
NAME OF FATHER (or male guardian)		ADDRESS				TELEPHONE NO.	
Johann		Deceased in 1926					
NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian)		ADDRESS				TELEPHONE NO.	
Maria, born TOOMPUU		Deceased in 1945					
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.							
Wife and both sons							
3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT							
NAME		DATE OF BIRTH		RELATIONSHIP			
N/A		N/A		N/A			
4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY							
NAME (Mr., Mrs., Miss) (Last-First-Middle)				RELATIONSHIP			
Lieutenant Colonel Jaan				Son			
HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE				HOME TELEPHONE NUMBER			
See above. Employed: Special Asst, Director of Industrial				see above			
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE				BUSINESS TELEPHONE & EXTENSION			
Operations, US Army Transportation Center and Fort Eustis, 703-878-4200 or 5992-31				3485			
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)						YES X	
						NO	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)						YES X	
						NO	
The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.							

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DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE/METHOD/EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2006

SECRET

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.	
Long Island City Savings Bank, in N.Y. First National City Bank of New York, N.Y. The Riggs National Bank of Washington, D.C. Mechanics and Farmers Branch.	
In both names.	
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Your account number
IF YES, DO YOU HAVE A JOINT ACCOUNT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)
My Wife has it.	
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)
HAVE YOU EXECUTED A POWER OF ATTORNEY?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)
1) Mrs. Salme 2) LTC Jaan 3) Mr. Rein in this order	
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS	
1. Were you brought to this country by the Agency or did you enter on your own? Came into the US under the DP Program	
2. Are you a US citizen? If so, what is your naturalization date and number? Yes, #7962501 on 13 May 1958 in Washington, D.C.	
3. When and where did you serve for the Agency overseas? 1951-52 Munich, West Germany; 1958-1959 Aman, Jordan; 1964 and 1966 Bangkok, Thailand, and 1967 Mexico City, Mexico (from Munich two short trips to Sweden)	
4. Date of birth, and place of birth 13 September 1904, Kuressaare, Estonia	
5. Home, address, and phone number, if different from spouse's as given in Section 2 above. 3602 16 th N.W. Washington, D.C. 20010, Tel: AD 2 8867, with Mr. & Mrs. HARRELL	
5 1/2. Extra information: My wife works in the First National City Bank of New York, N.Y., 399 Park Avenue, Tel: (212) 559-2184 Besides my son Jaan, my wife Salme is also authorized to make decisions on my behalf in the event I am incapable.	
6. Employee Number? C J	

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7. Current grade and salary?
GS-12/3 \$17,794
8. What type of life insurance do you have?
FEGLI, Contract Life
What type of hospitalization do you have?
GEHA-421
9. EOD with Agency?
5 September 1952
10. EOD with CI Staff?
22 December 1967
11. Date of last promotion?
Step increase - 9 July 1972
Grade increase - 1 July 1970
12. Effective date of contract?
22 December 1967

DATE FILLED OUT 3 April 1973